Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box

checking the "not applicable" box.						
Checking the Hot applicable box.	Excellent	Good	Average	Below Average	Poor	Not Applicable
How well did we answer your questions about the proposed transportation project?	5	4	3	2	1	0
2. How well did we explain the need for your property and the process used to purchase your property?	5	4	3	2	1	o
3. Was the Right-of-Way Agent informed and responsive to your questions?	5	4	3	2	1	
Was the Right-of-Way Agent courteous and professional?	5	4	3	2	1	<u> </u>
5. How would you rate the usefulness of the printed material provided by the Department?	(5)	4	3	2	1	
Comments: all forms of state	gout. s France				os th	e prelim
If you would like to be contacted by telephone to give additional information or comments, please complete this portion.  Name:  Phone Number: ( RIGHT-OF-WAY						
Fo be completed by NHDOT Right-of-Way	Ågent			SEP	·	4
Project Number Francestown 13030	,Parcel Nu	mber:		RE	CEIVE	)